

Management for International Public Health Course

September 15 - October 24, 2003

APPLICATION FORM

Name and Address of Applicant *(Please type or print.)*

Check one:

- ☐ Dr. ☐ Ms.
☐ Mrs. ☐ Mr.

Family Name or Surname Given Name Preferred Name

mailing address for Home Address

City State Country Postal Code

Home Telephone Number *(Include country and city codes)* Home E-mail Address

Gender *(Check one)* ☐ Female ☐ Male Date of Birth *(For insurance purposes)*

Emergency Contact Relationship Telephone Number

Employment Information

Title Length of Time in this Position

mailing address for Organization/Institution Street / P.O. Box

City State Country Postal Code

Work Telephone Number *(Include city code.)* Work Fax # Work E-mail Address

Do you prefer receiving mail at: Home ☐ Work ☐ Supervisor's name Supervisor's Telephone # Supervisor's email address

Brief description of your present position: _____

Name _____

Educational Background

Degree	College or University	Country	Dates of Study

Experience as a Management Trainer *(Briefly describe any previous management training you have conducted.)*

Language Skills

What is your native language? _____

What other languages do you speak? _____

Anticipated Funding Source

Who will sponsor your attendance at the 2003 MIPH course? _____
Sponsoring Agency Contact Information: _____

Name	Telephone Number <i>(Including country and city codes)</i>	Fax Number	email address
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Tuition for the 2003 MIPH course is US \$5,500 (check or international money order payable to the **CDC Foundation**), which includes tuition, books, supplies, health insurance and teaching materials. Applications must be received by **May 15, 2003**. Upon notification of acceptance, tuition fee of US\$5,500 is due. **A US \$500 LATE FEE WILL BE CHARGED FOR TUITION NOT RECEIVED BY THE FIRST DAY OF THE COURSE.** Expenses **IN ADDITION TO THE TUITION** include roundtrip airfare, food, housing and incidentals - contact our office for an estimate of these costs.

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Information Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017)

Signature of Applicant _____

Date _____

Please submit signed and dated application no later than May 15, 2003 to:
Sustainable Management Development Program (SMDP)
Centers for Disease Control and Prevention (CDC)
4770 Buford Highway, N.E. (Mail stop - K-36), Atlanta, Georgia 30341 U.S.A
Tel: (1-770) 488-8297 Fax: (1-770) 488-2868
E-mail: smdp@cdc.gov